S. No. 2
0M—5-43
v. 5-17-39
p I X36671

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36179

FILED DEC 9 1946

Registration District No. _____ Primary Registration District No. 1000 Registrar's No. 1324

1. PLACE OF DEATH:

(a) County: Buchanan

(b) City or town: St Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Joseph's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 Day (Specify whether years, months or days)

In this community: 34 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchanan

(c) City or town: St Joseph
(If outside city or town limits, write "RURAL")

(d) Street No.: 202 E Nebraska Ave
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: _____

3. (a) PRINT FULL NAME: Thuston, Roy

3. (b) If veteran, name war: No

3. (c) Social Security No: not stated

4. Sex: Male

5. Color or race: Negro

6. (a) Single, widowed, married, divorced: Widower

6. (b) Name of husband or wife: Eliza Thuston

6. (c) Age of husband or wife if alive: — years

7. Birth date of deceased: Nov 25, 1912 (Month) (Day) (Year)

8. AGE: Years 34 Months 11 Days 29 If less than one day: _____ hr. _____ min.

9. Birthplace: Honey Grove (City, town, or county) Texas (State or foreign country)

10. Usual occupation: Janitor

11. Industry or business: City Hall

FATHER
12. Name: Claude Thuston
13. Birthplace: Honey Grove (City, town, or county) Texas (State or foreign country)

MOTHER
14. Maiden name: Malinda Kelley
15. Birthplace: Marshall (City, town, or county) Texas (State or foreign country)

16. (a) Informant: Wade Thurston
(b) Address: St Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov. 26, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation: Ashland Cem.

18. (a) Signature of funeral director: Beatrice Gray
(b) Address: 817 Pacific St

19. (a) Dec. 3, 1946 (Date received local registrar) (b) E.A. Jenkins by Joyce Hann (Registrar's signature) Reg

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 24 year 1946 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from November 23, 1946 to November 24, 1946 and that I last saw him alive on November 23, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uremia	7 days
Due to: Chronic glomerular nephritis	
Due to: Malignant Hypertension	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 130
Of autopsy: _____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): _____

(b) Date of occurrence: _____

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury: 0

23. Signature: Drew W. Dreany MD (M. D. or other)

Address: 405 Tootle Bldg St. Joseph, Mo. Date signed: 11-26-46

382 (Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Earl A Clark

Licensed Embalmer No. 4238

P. O. Address St Joseph Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.